

REMARKS

Claims 1-23 are pending in the Office action and are under examination. Claim 1 has been amended to clarify that the effective amount of a water-absorbent polymer is for treating a fluid mal-distribution state.

Claims 1-23 stand rejected under 35 U.S.C. § 102(b) as anticipated by *Yonekawa et al.* (JP H10-130154). Of the rejected Claims, only Claim 1 is independent. Applicants respectfully request that the rejection be withdrawn because *Yonekawa* fails to disclose directly administering an effective amount of water-absorbent polymer to the intestinal tract of a host. As pointed out in the present application, the phrase “directly delivered” means that the polymer is not directly exposed to the stomach prior to delivery to the GI tract. (See page 9, line 14) In contrast, *Yonekawa* discloses oral administration of its polymers in an oil base such that substantial fluid absorption occurs in the stomach. The material can either be fed to animals or administered through gastric tubes, which are used for administration to the stomach. The methods disclosed in *Yonekawa* are said to improve the life extending ratio of the patient when the drug is administered orally. Thus, *Yonekawa* provides no motivation and, if anything, teach away from administering an active agent directly to the intestine since the *Yonekawa* mode of administration was said to work to achieve the intended benefit, namely extending the lives of dialysis patients. Thus, it is submitted that Claim 1 is distinct and patentable over *Yonekawa*.

Claims 1-23 stand rejected under 35 U.S.C. § 102(b) as anticipated by *Samejima et al.* (EP 0,077,956). Of the rejected Claims, only Claim 1 is independent. Applicants respectfully request that the rejection be withdrawn for the following reasons. *Samejima* does not disclose administering an effective amount of a water absorbent polymer for treating a fluid mal-distribution state. In contrast, *Samejima* discloses the use of enteric microcapsules that are capable of releasing active agents in the intestinal tract. A water swellable material can be incorporated into the core to promote release of the active agent. The *Samejima* water absorbent polymers are not present in an effective amount for treating a fluid mal-distribution state and do not suggest the use of water swellable polymers as active agents for treating fluid mal-distribution states. Thus, Applicants respectfully request that Claim 1 be allowed over *Samejima*.

Claims 1-23 stand rejected under 35 U.S.C. § 102(b) as anticipated by *Berger et al.* (US 4,470,975). Of the rejected claims, only Claim 1 is independent. Applicants respectfully request that the rejection be withdrawn for the following reasons. *Berger* fails to disclose directly administering to the intestinal tract of a host an effective amount of a water-absorbent polymer. The *Burger* water-absorbent polymer is administered orally after being mixed with food. The *Burger* methods are said to provide a striking difference (improvement) in survival time. Thus, as with *Yonekawa*, the methods disclosed in *Burger* provide no motivation and, if anything, teach away from administering an active agent directly to the intestine since the *Burger* mode of administration was said to work to achieve the intended benefit, namely extending survival time. Thus, it is submitted that Claim 1 is distinct and patentable over *Burger*.

For the foregoing reasons it is submitted that Claim 1 is patentable over *Yonekawa*, *Samejima* and *Burger*. Likewise, Claims 2-23 which depend from Claim 1 and therefore contain all of its limitations are allowable for at least the same reasons.

The Commissioner is hereby authorized to charge deposit account 02-1818 for any fees which are due and owing, please reference docket number 117878-11. Should the Examiner identify any issues which can be resolved by telephone, the Examiner is encouraged to contact the undersigned.

Respectfully submitted,

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